Developmental Disabilities

Rates Effective July 1, 2019-June 30, 2020



Service Description	Proc Code	Mod #1	Mod #2	Mod #3	Mod #4		Rate fective 01/2019	Rate ffective /01/2019	Unit Value	Comments
Behavioral Services			1			ī				Maximum of 060 units nor
Behavioral Line Staff	H2019	U3				\$	7.23	\$ 7.30	15 Minutes	Maximum of 960 units per Service Plan year.
Behavioral Consultation	H2019	U3	22	TG		\$	25.54	\$ 25.80	15 Minutes	Maximum of 80 units per Service Plan year.
Behavioral Counseling	H2019	U3	TF	TG		\$	25.54	\$ 25.80	15 Minutes	Maximum of 208 combined units of
Behavioral Counseling, Group	H2019	U3	TF	HQ		\$	8.61	\$ 8.70	15 Minutes	Individual and Group Counseling services per Service Plan year.
Behavioral Plan Assessment	T2024	U3	22			\$	25.54	\$ 25.80	15 Minutes	Maximum of 40 units and one Behavior Plan Assessment per Service Plan year.
Day Habilitation Maximum of 4,800 combin Service Plan year. Maximu Services, and Supported E	m of 7,11	2 com	bined u	units of	Specia					
Specialized Habilitation Level 1	T2021	U3	HQ			\$	2.57	\$ 2.60	15 Minutes	
Specialized Habilitation Level 2	T2021	U3	22	HQ		\$	2.83	\$ 2.86	15 Minutes	
Specialized Habilitation Level 3	T2021	U3	TF	HQ		\$	3.15	\$ 3.18	15 Minutes	
Specialized Habilitation Level 4	T2021	U3	TF	22	HQ	\$	3.71	\$ 3.75	15 Minutes	
Specialized Habilitation Level 5	T2021	U3	TG	HQ		\$	4.59	\$ 4.64	15 Minutes	
Specialized Habilitation Level 6	T2021	U3	TG	22	HQ	\$	6.59	\$ 6.66	15 Minutes	
Specialized Habilitation Level 7	T2021	U3	SC	HQ		\$	10.38	\$ 10.48	15 Minutes	
Supported Community Connections Level 1	T2021	U3				\$	3.13	\$ 3.16	15 Minutes	
Supported Community Connections Level 2	T2021	U3	22			\$	3.42	\$ 3.45	15 Minutes	
Supported Community Connections Level 3	T2021	U3	TF			\$	3.87	\$ 3.91	15 Minutes	
Supported Community Connections Level 4	T2021	U3	TF	22		\$	4.44	\$ 4.48	15 Minutes	
Supported Community Connections Level 5	T2021	U3	TG			\$	5.35	\$ 5.40	15 Minutes	
Supported Community Connections Level 6	T2021	U3	TG	22		\$	7.03	\$ 7.10	15 Minutes	
Supported Community Connections Level 7	T2021	U3	sc			\$	10.38	\$ 10.48	15 Minutes	
Dental Services										
Basic	D2999	U3					-	-	Dollar	Please refer to DIDD
Major	D2999	U3	22				-	-	Dollar	Dental Fee Schedule for rates



Rates Effective July 1, 2019-June 30, 2020



Service Description	Proc Code	Mod #1	Mod #2	Mod #3	Mod #4		Rate ffective /01/2019		Rate ffective /01/2019	Unit Value	Comments
Home Delivered Meals	S5170	U3				\$	10.80	\$	10.80	Per Meal	2 Meals per day, 14 meals per week; Available up to 365 after enrollment
Life Skills Training	H2014	U3				\$	9.38	\$	9.38	15 minutes	24 units (6 hours) per day; up to 160 units (40 hours) per week. Available for 365 days after enrollment
Non-Medical Transportat Maximum of 508 units (trip		rvice P	lan ve	ar (all n	nileage	han	ide nlue ni	ıblic	conveyan	co)	
Mileage Band 1 (0-10 Miles)	T2003	U3	ian yea	ai (aii ii	illeage	\$	6.58	\$	6.65	1 Trip	
Mileage Band 2 (11-20 Miles)	T2003	U3	22			\$	13.77	\$	13.91	1 Trip	
Mileage Band 3 (Over 20 Miles)	T2003	U3	TF			\$	20.97	\$	21.18	1 Trip	
Other (public conveyance)	T2004	U3				\$	1.00	\$	1.00	Dollar	Bus passes or other public conveyance may be used only when equivalent to or more cost effective than the applicable mileage range.
Peer Mentorship	H2015	U3				\$	5.36	\$	5.36	15 minutes	Available for 365 days after enrollment
Prevocational Services Maximum of 4,800 combin Service Plan year. Maximu Services, and Supported E	ım of 7,11	12 com	bined u	units of	Specia						
Prevocational Services Level 1	T2015	U3	HQ			\$	2.57	\$	2.60	15 Minutes	
Prevocational Services Level 2	T2015	U3	22	HQ		\$	2.83	\$	2.86	15 Minutes	
Prevocational Services Level 3	T2015	U3	TF	HQ		\$	3.15	\$	3.18	15 Minutes	
Prevocational Services Level 4	T2015	U3	TF	22	HQ	\$	3.71	\$	3.75	15 Minutes	
Prevocational Services Level 5	T2015	U3	TG	HQ		\$	4.59	\$	4.64	15 Minutes	
Prevocational Services Level 6	T2015	U3	TG	22	HQ	\$	6.59	\$	6.66	15 Minutes	
Residential Habilitation											
Group Residential Services and Supports- Level 1	T2016	U3	HQ			\$	96.29	\$	96.29	Day	
Group Residential Services and Supports- Level 2	T2016	U3	22	HQ		\$	126.72	\$	126.72	Day	

Developmental Disabilities

COLORADO Department of Health Care Policy & Financing

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Rates Effective July 1,			•		M = -l		Rate		Rate		
Service Description	Proc Code	Mod #1	Mod #2	Mod #3	Mod #4		ffective /01/2019		fective 01/2019	Unit Value	Comments
Group Residential							0 11 20 10	0.7	0.720.10		
Services and Supports- Level 3	T2016	U3	TF	HQ		\$	149.29	\$	149.29	Day	
Group Residential Services and Supports- Level 4	T2016	U3	TF	22	HQ	\$	176.36	\$	176.36	Day	
Group Residential Services and Supports- Level 5	T2016	U3	TG	HQ		\$	194.82	\$	194.82	Day	
Group Residential Services and Supports- Level 6	T2016	U3	TG	22	HQ	\$	230.53	\$	230.53	Day	
Group Residential Services and Supports- Level 7	T2016	U3	SC	HQ		*NF	₹	*NF	₹	Day	
Individual Residential Services and Supports- Level 1	T2016	U3				\$	70.78	\$	71.49	Day	
Individual Residential Services and Supports- Level 2	T2016	U3	22			\$	114.37	\$	115.51	Day	
Individual Residential Services and Supports- Level 3	T2016	U3	TF			\$	139.75	\$	141.15	Day	
Individual Residential Services and Supports- Level 4	T2016	U3	TF	22		\$	170.14	\$	171.84	Day	
Individual Residential Services and Supports- Level 5	T2016	U3	TG			\$	195.51	\$	197.47	Day	
Individual Residential Services and Supports- Level 6	T2016	U3	TG	22		\$	245.71	\$	248.17	Day	
Individual Residential Services and Supports- Level 7	T2016	U3	SC			*NF	₹	*NF	₹	Day	
Individual Residential Services and Supports/Host Home- Level 1	T2016	U3	Π			\$	65.65	\$	66.31	Day	
Individual Residential Services and Supports/Host Home- Level 2	T2016	U3	22	П		\$	106.07	\$	107.13	Day	
Individual Residential Services and Supports/Host Home- Level 3	T2016	U3	TF	TT		\$	129.59	\$	130.89	Day	
Individual Residential Services and Supports/Host Home- Level 4	T2016	U3	TF	22	TT	\$	157.80	\$	159.38	Day	

Developmental Disabilities

COLORADO Department of Health Care Policy & Financing

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Sarvina Decarintian	Proc	Mod	Mod	Mod	Mod		Rate fective	E4	Rate ffective	Unit Value	Comments
Service Description	Code	#1	#2	#3	#4		01/2019		/01/2019	Offic value	Comments
Individual Residential Services and Supports/Host Home- Level 5	T2016	U3	TG	тт		\$	181.32	\$		Day	
Individual Residential Services and Supports/Host Home- Level 6	T2016	U3	TG	22	тт	\$	227.89	\$	230.17	Day	
Individual Residential Services and Supports/Host Home- Level 7	T2016	U3	SC	тт		*NR		*NF	२	Day	
Specialized Medical Equ	ipment a	nd Sup	plies								
Disposable Supplies	T2028	U3				\$	1.00			Dollar	
Equipment	T2029	U3				\$	1.00	\$	1.00	Dollar	
Supported Employment The maximum Supported Habilitation, Supported Co Job Coaching, Group-		Conne	ctions a			onal S	Services,	whic	h are limi	ted to a maximu	
Level 1 Job Coaching, Group-		U3	HQ			\$	3.44		3.47	15 Minutes	
Level 2 Job Coaching, Group-	T2019	U3	22	HQ		\$	3.78	\$	3.82	15 Minutes	
Level 3	T2019	U3	TF	HQ		\$	4.20	\$	4.24	15 Minutes	
Job Coaching, Group- Level 4	T2019	U3	TF	22	HQ	\$	4.86	\$	4.91	15 Minutes	
Job Coaching, Group- Level 5	T2019	U3	TG	HQ		\$	5.79	\$	5.85	15 Minutes	
Job Coaching, Group- Level 6	T2019	U3	TG	22	HQ	\$	7.57	\$	7.65	15 Minutes	
Job Coaching-Individual	T2019	U3	SC			\$	14.20	\$	14.34	15 Minutes	
Job Development-Group	H2023	U3	HQ			\$	4.53	\$	4.58	15 Minutes	
Job Development, Individual-Levels 1-2	H2023	U3				\$	14.20	\$	14.34	15 Minutes	
Job Development, Individual-Levels 3-4	H2023	U3	22			\$	14.20	\$	14.34	15 Minutes	
Job Development, Individual-Levels 5-6	H2023	U3	TF			\$	14.20	\$	14.34	15 Minutes	
Job Placement	H2024	U3				\$	1.00	\$	1.00	Dollar	
Job Placement Group	H2024	U3	HQ			\$	1.00	\$	1.00	Dollar	
Community Transition S	ervices										
Coordinator	T2038	U3				\$	7.66	\$	7.74	15 minutes	40 units (10 hours); available up to 30 days after enrollment
Items Purchased	A9900	U3				\$ 1	,500.00	\$	1,500.00	One Time Payment	Up to \$2,000.00 by request; available up to 30 days after enrollment
	1/0=00					_					

	Legend										
NR*	Individually approved DDD rate										

\$

1.00 \$

1.00 Dollar

Version: 1.4 Date: 10/11/2019

Vision

V2799 U3

Developmental Disabilities

COLORADO Department of Health Care Policy & Financing

Rates Effective July 1, 2019-June 30, 2020

Service Description	Proc Code	Mod #1	Mod #2	Mod #3	Mod #4	Rate Effective 03/01/2019	Rate Effective 07/01/2019	Unit Value	Comments			
22	(CPT De	fn: Inci	reased	proced	dural se	ervices)						
HQ	Group S	etting										
SC	Medical	ly Nece	essary	Servic	e or S	upply						
TF	Interme	diate L	evel of	Care								
TG	Comple	x/High	Tech I	Level c	of Care							
TT	Individu	alized	servic	e prov	ided to	more one pa	tient in the sa	me setting				
U3	Develop	Developmentally Disabled (HCPCS Defn: Medicaid Level of Care 1, as defined by each state)										



Rates Effective July 1, 2019-June 30, 2020



Service Description	Proc Code	Mod #1	Mod #2	Mod #3	Mod #4	Eff	Rate ective 01/2019		Rate ffective /01/2019	Unit Value	Comments
Assistive Technology	T2035	U8				\$	1.00	\$	1.00	Dollar	Maximum of \$10,000 of Assistive Technology, Home Accessibility Adaptations, and Vehicle Modifications combined per Waiver Renewal Period (7/1/14 - 6/30/19).
Behavioral Services											
Behavioral Line Staff	H2019	U8				\$	7.23	\$	7.30	15 Minutes	Maximum of 960 units per Service Plan year.
Behavioral Consultation	H2019	U8	22	TG		\$	25.54	\$	25.80	15 Minutes	Maximum of 80 units per Service Plan year.
Behavioral Counseling	H2019	U8	TF	TG		\$	25.54	\$	25.80	15 Minutes	Maximum of 208 combined units of
Behavioral Counseling Group	H2019	U8	TF	HQ		\$	8.61	\$	8.70	15 Minutes	Individual and Group Counseling services per Service Plan year.
Behavioral Plan Assessment	T2024	U8	22			\$	25.54	\$	25.80	15 Minutes	Maximum of 40 units and one Behavior Plan Assessment per Service Plan year.
Consumer Directed Atter	ndant Su	pport S	Service	es (CD	ASS)						
CDASS Homemaker	T2025	U8				\$	4.14	\$	4.14	15 Minutes	
CDASS Enhanced Homemaker	T2025	U8				\$	6.73	\$	6.73	15 Minutes	
CDASS Personal Care	T2025	U8				\$	5.47	\$	5.47	15 Minutes	
CDASS Health	T2025	U8	SE			\$	7.44	\$	7.44	15 Minutes	
Maintenance CDASS Per Member Per	Month B	v EMS	Vanda)r							
Acumen- FEA	T2040	U8	Venue)i		\$	85.00	\$	85.00	Month	
Public Partnerships, LLC-FEA	T2040	U8				\$	103.21	\$		Month	
Palco- FEA	T2040	U8				\$	85.00	¢	85.00	Month	
Day Habilitation Maximum of 7,112 combin Supported Employment pe Specialized Habilitation	ed units o	of Spec		Habilit	ation, S			nmu			tional Services, and
Level 1	T2021	U8	HQ			\$	2.57	\$	2.60	15 Minutes	
Specialized Habilitation Level 2	T2021	U8	22	HQ		\$	2.83	\$	2.86	15 Minutes	
Specialized Habilitation Level 3	T2021	U8	TF	HQ		\$	3.15	\$	3.18	15 Minutes	
Specialized Habilitation Level 4	T2021	U8	TF	22	HQ	\$	3.71	\$	3.75	15 Minutes	
Specialized Habilitation Level 5	T2021	U8	TG	HQ		\$	4.59	\$	4.64	15 Minutes	
Specialized Habilitation Level 6	T2021	U8	TG	22	HQ	\$	6.59	\$	6.66	15 Minutes	



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Service Description	Proc Code	Mod #1	Mod #2	Mod #3	Mod #4	Rate Effective 03/01/2019		Rate fective 01/2019	Unit Value	Comments
Supported Community Connections Level 1	T2021	U8				\$ 3.13	\$	3.16	15 Minutes	
Supported Community Connections Level 2	T2021	U8	22			\$ 3.42	\$	3.45	15 Minutes	
Supported Community Connections Level 3	T2021	U8	TF			\$ 3.87	\$	3.91	15 Minutes	
Supported Community Connections Level 4	T2021	U8	TF	22		\$ 4.44	\$	4.48	15 Minutes	
Supported Community Connections Level 5	T2021	U8	TG			\$ 5.35	\$	5.40	15 Minutes	
Supported Community Connections Level 6	T2021	U8	TG	22		\$ 7.03	\$	7.10	15 Minutes	
Dental Services										
Basic	D2999	U8				-		-	Dollar	Please refer to DIDD Dental Fee Schedule for
Major	D2999	U8	22			-		-	Dollar	rates
Home Accessibility Adaptations	S5165	U8				\$ 1.00	\$	1.00	Dollar	Maximum of \$10,000 of Assistive Technology, Home Accessibility Adaptations, and Vehicle Modifications combined per Waiver Renewal Period (7/1/14 - 6/30/19).
Home Delivered Meals	S5170	U8				\$ 10.80	\$	10.80	Per Meal	2 Meals per day, 14 meals per week; Available up to 365 after enrollment
Homemaker		•								•
Basic	S5130	U8				\$ 4.15	\$	4.15	15 Minutes	
Enhanced	S5130	U8	22			\$ 6.73	\$	6.73	15 Minutes	Requires a habilitative plan as described in the waiver or extraordinary cleaning due to individual behavioral or medical needs.
Life Skills Training	H2014	U8				\$ 9.38	\$	9.38	15 minutes	24 units (6 hours) per day; up to 160 units (40 hours) per week. Available for 365 days after enrollment
Mentorship	H2021	U8				\$ 10.91	\$	11.02	15 Minutes	Maximum of 192 units per Service Plan year.
Non-Medical Transportat Maximum of 508 units (trip		rvice P	lan yea	ar (all n	nileage	bands plus p	ublic (conveyan	ce).	
Mileage Band 1 (0-10 Miles)	T2003	U8				\$ 6.58	\$	6.65	1 Trip	
Mileage Band 2 (11-20 Miles)	T2003	U8	22			\$ 13.77	\$	13.91	1 Trip	
Mileage Band 3 (Over 20 Miles)	T2003	U8	TF			\$ 20.97	\$	21.18	1 Trip	



Rates Effective July 1, 2019-June 30, 2020



Service Description	Proc Code	Mod #1	Mod #2	Mod #3	Mod #4		Rate ffective /01/2019			Unit Value	Comments
Other (public conveyance)	T2004	U8				\$	1.00	\$	1.00	Dollar	Bus passes or other public conveyance may be used only when equivalent to or more cost effective than the applicable mileage range.
Mileage-Not in Day Program	T2003	U8	SC			\$	6.58	\$	6.65	4 Trips per week	All Distances. Maximum of 208 units (4 trips per week) per Service Plan year.
Peer Mentorship	H2015	U8				\$	5.36	\$	5.36	15 minutes	Available for 365 days after enrollment
Personal Care	T1019	U8				\$	5.40	\$	5.40	15 Minutes	
Personal Emergency Response System (PERS)	S5161	U8				\$	1.00	\$	1.00	Dollar	
Prevocational Services Maximum of 7,112 combine Supported Employment pe				Habilit	ation, \$	Supp	orted Con	nmui	nity Conne	ections, Prevoca	tional Services, and
Prevocational Services Level 1	T2015	U8	HQ			\$	2.57	\$	2.60	15 Minutes	
Prevocational Services Level 2	T2015	U8	22	HQ		\$	2.83	\$	2.86	15 Minutes	
Prevocational Services Level 3	T2015	U8	TF	HQ		\$	3.15	\$	3.18	15 Minutes	
Prevocational Services Level 4	T2015	U8	TF	22	HQ	\$	3.71	\$	3.75	15 Minutes	
Prevocational Services Level 5	T2015	U8	TG	HQ		\$	4.59	\$	4.64	15 Minutes	
Prevocational Services Level 6	T2015	U8	TG	22	HQ	\$	6.59	\$	6.66	15 Minutes	
Professional Services											
Massage Therapy	97124	U8				\$	19.10	\$	19.29	15 Minutes	
Movement Therapy Bachelors	G0176	U8				\$	15.93	\$	16.09	15 Minutes	
Movement Therapy Masters	G0176	U8	22			\$	23.34	\$	23.57	15 Minutes	
Hippotherapy Individual	S8940	U8				\$	21.22	\$	21.43	15 Minutes	
Hippotherapy Group	S8940	U8	HQ			\$	9.02	\$	9.11	15 Minutes	
Recreational Facility Fees / Passes	S5199	U8				\$	1.00	\$	1.00	Dollar	
Respite Care											
Individual	S5150	U8				\$	5.40	\$	5.40	15 Minutes	Use Individual Day rate when Respite services exceed 40 units (10
Individual Day	S5151	U8				\$	215.86	\$	215.86	Day	hours) in a 24 hour period.



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Service Description	Proc Code	Mod #1	Mod #2	Mod #3	Mod #4		Rate Effective 3/01/2019		Rate Effective 7/01/2019	Unit Value	Comments
Group	S5151	U8	HQ			\$	1.00	\$	1.00	Dollar	Group Respite rates may not exceed the rate paid
Camp (Group, Overnight)	T2036	U8				\$	1.00	\$	1.00	Dollar	for Individual Respite.
Specialized Medical Equi	•	nd Sup	plies								
Disposable Supplies	T2028	U8				\$	1.00	\$		Dollar	
Equipment	T2029	U8				\$	1.00	\$	1.00	Dollar	
Supported Employment Maximum combined units of is 7,112 units per plan yea		lized H	abilitat	ion, Su	pporte	d C	ommunity (Con	nections, F	Prevocational and	d Supported Employment
Job Coaching, Group- Level 1	T2019	U8	HQ			\$	3.44	\$	3.47	15 Minutes	
Job Coaching, Group- Level 2	T2019	U8	22	HQ		\$	3.78	\$	3.82	15 Minutes	
Job Coaching, Group- Level 3	T2019	U8	TF	HQ		\$	4.20	\$	4.24	15 Minutes	
Job Coaching, Group- Level 4	T2019	U8	TF	22	HQ	\$	4.86	\$	4.91	15 Minutes	
Job Coaching, Group- Level 5	T2019	U8	TG	HQ		\$	5.79	\$	5.85	15 Minutes	
Job Coaching, Group- Level 6	T2019	U8	TG	22	HQ	\$	7.57	\$	7.65	15 Minutes	
Job Coaching-Individual	T2019	U8	SC			\$	14.20	\$	14.34	15 Minutes	
Job Development-Group	H2023	U8	HQ			\$	4.53	\$	4.58	15 Minutes	
Job Development, Individual-Levels 1-2	H2023	U8				\$	14.20	\$	14.34	15 Minutes	
Job Development, Individual-Levels 3-4	H2023	U8	22			\$	14.20	\$	14.34	15 Minutes	
Job Development, Individual-Levels 5-6	H2023	U8	TF			\$	14.20	\$	14.34	15 Minutes	
Job Placement-Individual	H2024	U8				\$	1.00	\$	1.00	Dollar	
Job Placement-Group	H2024	U8	HQ			\$	1.00	\$	1.00	Dollar	
Community Transition Se	ervices										
Coordinator	T2038	U8				\$	7.66	\$	7.74	15 minutes	40 units (10 hours); available up to 30 days after enrollment
Items Purchased	A9900	U8				\$	1,500.00	\$	1,500.00	One Time Payment	Up to \$2,000.00 by request; available up to 30 days after enrollment
Vehicle Modifications	T2039	U8				\$	1.00	\$	1.00	Dollar	Maximum of \$10,000 of Assistive Technology, Home Accessibility Adaptations, and Vehicle Modifications combined per Waiver Renewal Period (7/1/14 - 6/30/19).
Vision	V2799	U8				\$	1.00	\$	1.00	Dollar	

Support Level Aut	horization Limits (SPAL)
Support Level 1	\$14,484.97





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Service Description	Proc Code	Mod #1	Mod #2	Mod #3	Mod #4	Rate Effective 03/01/2019	Rate Effective 07/01/2019	Unit Value	Comments
Support Leve	el 2				\$	19,345.67			
Support Leve	el 3				\$	21,754.38			
Support Leve	el 4				\$	24,991.77			
Support Leve	el 5				\$	30,112.20			
Support Leve	el 6				\$	39,467.89			

Overall Service Plan Limit
\$50,691.79

Legend					
22	(CPT Defn: Increased procedural services)				
HQ	Group Setting				
SC	Medically Necessary Service or Supply				
TF	Intermediate Level of Care				
TG	Complex/High Tech Level of Care				
TT	Individualized service provided to more one patient in the same setting				
U8	Supported Living Services (HCPCS Defn: Medicaid Level of Care 1, as defined by each state)				

Children's Extensive Supports Waiver

COLORADO Department of Health Care Policy & Financing

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Service Description	Proc Code	Mod #1	Mod #2	Mod #3	Mod #4		Rate fective 01/2019		Rate ffective /01/2019	Unit Value	Comments
Adapted Therapeutic Recreational Equipment and Fees											
Equipment	T1999	U7				\$	1.00	\$	1.00	Dollar	Maximum \$1,000 units
Fees	S5199	U7				\$	1.00	\$	1.00	Dollar	per year (i.e., \$1,000.00 per year combined limit)
Assistive Technology	T2035	U7				\$	1.00	\$	1.00	Dollar	Maximum of \$10,000 of Assistive Technology, Home Accessibility Adaptations, and Vehicle Modifications combined per Waiver Renewal Period (7/1/14 - 6/30/19).
Community Connector	H2021	U7				\$	9.08	\$	9.17	15 Minutes	
Home Accessible Adaptations	S5165	U7				\$	1.00	\$	1.00	Dollar	Maximum of \$10,000 of Assistive Technology, Home Accessibility Adaptations, and Vehicle Modifications combined per Waiver Renewal Period (7/1/14 - 6/30/19).
Homemaker											
Basic	S5130	U7				\$	4.15	\$	4.15	15 Minutes	
Enhanced	S5130	U7	22			\$	6.73	\$	6.73	15 Minutes	Requires a habilitative plan as described in the waiver or extraordinary cleaning due to individual behavioral or medical needs.
Parent Education	H1010	U7				\$	1.00	\$	1.00	Dollar	Maximum of \$1,000 per Service Plan year.
Professional Services											
Hippo Therapy	S8940	U7				\$	21.22	\$	21.43	15 Minutes	
Hippo Therapy Group	S8940	U7	HQ			\$	9.02	\$	9.11	15 Minutes	
Massage	97124	U7				\$	19.10	\$	19.29	15 Minutes	
Movement Therapy- Bachelors	G0176	U7				\$	15.93	\$	16.09	15 Minutes	
Movement Therapy- Masters	G0176	U7	22			\$	23.34	\$	23.57	15 Minutes	
Respite Maximum of 30 days and 1,880 additional 15 minute units per Service Plan year.											
Respite Services- Individual	S5150	U7				\$	5.40	\$	5.40	15 Minutes	Use Individual Day rate when Respite services exceed 40 units (10
Respite Services- Individual, Per Diem	S5151	U7				\$	215.86	\$	215.86	Day	hours) in a 24 hour period.
Respite Services-Group	S5151	U7	HQ			\$	1.00	\$	1.00	Dollar	Group Respite rates may

Children's Extensive Supports Waiver



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Service Description	Proc Code	Mod #1	Mod #2	Mod #3	Mod #4	Effe	ate ective 1/2019		Rate fective 01/2019	Unit Value	Comments
Camp (Group, Overnight)	T2036	U7				\$	1.00	\$	1.00	Dollar	not exceed the rate paid for Individual Respite.
Specialized Medical Equipment and Supplies Services may be authorized up to the pre-established CCB thresholds, beyond which DDD prior authorization is required.											
Disposable Supplies	T2028	U7				\$	1.00	\$	1.00	Dollar	
Equipment	T2029	U7				\$	1.00	\$	1.00	Dollar	
Vehicle Modifications	T2039	U7				\$	1.00	\$	1.00	Dollar	Maximum of \$10,000 of Assistive Technology, Home Accessibility Adaptations, and Vehicle Modifications combined per Waiver Renewal Period (7/1/14 - 6/30/19).

Overall Service Plan Limit	
\$40,714.80	

	Legend
22	(CPT Defn: Increased procedural services)
HQ	Group Setting
HR	Relative providing care
TF	Intermediate Level of Care
TG	Complex/High Tech Level of Care
U7	Children's Extensive Support

Home and Community Based Services FY 19-20 Rate Schedules



ADJUSTMENT TABLE							
WAIVER TYPE	PERCENT CHANGE	MULTIPLIER					
HCBS EBD	1.000%	1.01000					
HCBS CMHS	1.000%	1.01000					
HCBS BI	1.000%	1.01000					
HCBS SCI	1.000%	1.01000					
HCBS DD	1.000%	1.01000					
HCBS SLS	1.000%	1.01000					
HCBS/DDD/DHS CES	1.000%	1.01000					
HCBS/DDD/DHS CLLI	1.000%	1.01000					
HCBS/DDD/DHS CHCBS	1.000%	1.01000					
HCBS/DDD/DHS CHRP	1.000%	1.01000					

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